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## THE TRAINED NURSE: HER CIVIC RELATIONSHIP<sup>1</sup>

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The nurse, in her private and professional relationships, has long been received by all classes as a worker of the highest type. Her civic relationship, however, is not yet fully recognized by the public. New municipal needs, growing out of the various health propaganda, have quickly developed during the past ten years the demand for a nurse specialist. This call for a newer type of trained helper is daily becoming more insistent. The public health nurse of the future, therefore, in order to give the best service, must evince a high ethical ideal of her true relationship to her municipality, her county and her state. She must train her vision to see in uncleanness a sin against the family; in carelessness, a trespass against the community; in ignorance, a crime against the race. She must have the courage to point out the right and condemn the wrong, and to do this daily, insistently and conscientiously, among people who may misunderstand and who are certain to misconstrue the motive. Here in North Dakota, and in the nursing profession, today, everywhere, the course we have just outlined may be *your* opportunity for most effective organized service, though the pathway be not strewn with flowers.

We wish to consider the special nurse under the following groups: Institutional, school and civic.

*The institutional nurse.* The successful institutional nurse is in great demand. When we consider the enormous growth of the sanatorium field alone, within the past ten years, we have a better conception of this. In 1908, the United States had 240 tuberculosis sanatoria, with patients' beds numbering 14,000. In 1911, there were 422 sanatoria, with 26,360 patients. In May, 1913, sanatoria 567, patients' beds about 35,000. At the present date we have approximately 700 institutions, with more than 50,000 beds. The above figures are all very conservative. In those departments of state service which care for the blind, the insane, the deaf, the feeble-minded and the crippled, the growth has been correspondingly almost as large.

The first-class institutional nurse is most frequently developed by years of experience. In every institution there is danger of becoming

<sup>1</sup> Read before the State Nurses' Association at Minot, North Dakota, April 13, 1916.

"institutionalized." This is a term which has been used to designate the narrowing process which comes with too much "single line" thinking. With mental narrowing there follows a loss of sympathetic consideration of the patient's weaknesses, also a tendency to become trivial in thought and conversation. To guard against this tendency, there must exist a large conception of the true dignity of service for others. There must be present the conviction that the menial task of taking a temperature or serving a tray is dignified by exactness or is degraded by slovenliness. There must be true love for humanity. The irritable or tedious question must receive the "soft answer that turneth away wrath." There must be courage to tell the patient that an infraction of a rule is a detriment to his ward-neighbor and reflects in dangerously widening circles upon the whole institution. There must also be team work necessary to accomplish the larger object intended by the state. Some nurses can never be good institutional nurses because incapable of team work. Self-interest "will not down." The institutional failure can nearly always be traced to selfishness. A lack of ethical loyalty to the institution and its regulations is sure to lead to acts of deceptive meanness. On the other hand, the nurse with the high ideal is worth her weight in gold. Like the woman of Scripture "her price is far above rubies." Her proper spirit will dignify the most menial duty into high service. The low ideal will degrade the highest human intent.

The nurse must read systematically, not only the scientific literature pertaining to her particular branch of work, but she must keep in touch with the best along other lines.

The nurse must in her department keep in mind the true economy which means the best service for the least expense. In every institution some of the best nurses are spoiled by the mistaken notion that it is not necessary to economize materials, because they belong to the state. As a matter of fact she should be especially careful with other people's money. Under the present schedule of war prices a nurse may easily waste more than her salary each month by the careless use of antiseptic dressings, medicines etc. This statement is literally true. Some drugs are many times the price of a year ago. For instance, carbolic acid, one of our commonest drugs, is six times its former price. Oxalic acid has advanced from 13 cents a pound to be worth \$257 a barrel.<sup>2</sup> Aspirin is hard to obtain. Carbonate of creosote became worth many dollars a pound and finally disappeared from use. The intelligent nurse will have already informed herself about these questions. In the use of absorbent cotton, surgical dressings, towels and bed linen, economy is always of great importance.

<sup>2</sup> As we go to press the price of oxalic acid is 85 cents a pound.

The largest state institutions, not only in North Dakota but also in every state, are continually on the outlook for competent officers. A neighboring state has an institution which changed matrons seven times in one year. Some found the work too difficult, others were unable to administer the office. The truth of the case is, of course, that executive ability, which is the ability to do and to get things done, is quite rare. No quality in a nurse is in greater demand or better paid.

*The school nurse.* It has been demonstrated that practically every child becomes infected with tuberculosis. Von Pirquet discovered 93 per cent of reactors to his test in some 1400 school children of the age of twelve to thirteen. The great majority of these infections remain latent. The presence of such infection, however, is a constant menace to health, although, according to Trudeau, a relative immunity is thus established to fresh infection. The latent disease remains in every school child as a possible detriment to proper development.

Many children have enlarged cervical glands due to the early infection, which may be unrecognized and untreated for months during school life. Children who have chronic abdominal pains are frequently tubercular, later developing operative tubercular peritonitis. Joint troubles of tubercular origin are seldom recognized early enough for efficient treatment, and the joint is disorganized before splints are used. The broken down lung is fortunately rather rare in childhood and youth, consequently germs from this source are not usually distributed in the school room. The presence of other infectious diseases among school children is so common as to need but a passing remark. The exanthemata, la grippe, whooping cough, trachoma with other ophthalmic diseases and various forms of catarrhal affections are frequently developed during school associations. People must no longer be allowed to be careless with the exfoliating skin following measles or scarlatina. The experienced school nurse is quick to suspect infectious disease. Her knowledge, which is the result of training and experience, her study of the child in both its school life and home environment, make her service of great special value. While medical inspection may be costly and infrequent, nursing inspection can be made constant and practical. The medical inspector may advise and direct, but it requires the school nurse to be constantly on the ground, to see the actual work performed, even in the smaller school district.

Something in the face or attitude of the handicapped child appeals to ready sympathy. What is more pitiable than the under-nourished youngster with the enlarged glands of early tuberculosis; or the dull apathy of the adenoid mouth-breather?

How appealing is the timidity of the small girl or boy who is behind

in school work through partial deafness or an uncorrected eye defect! Why should the unhygienic rural school, with its deficient ventilation, its neglected, contaminated water supply, cold floors, unprotected out-buildings, be allowed to go unchallenged? The school child spends at least one-quarter of its time under such conditions. The time is near when the nurse inspector will be as important as the educational inspector. Probably in no department of public health nursing can more be accomplished than in the schools. Much of life's later unhappiness comes from the lack of protection and care of children during school hours. The school nurse of the future is the logical outcome of a great public need.

*The civic nurse.* In not many communities is the municipal nurse an established part of public health machinery. As a matter of fact the municipal fathers have not as yet allowed themselves to perceive the great economic value of adequate public health service. "Our taxes are high enough," is a cry that appeals to the property holder. "Purchase the thing that is most necessary," is another satisfying slogan. Of recent years, however, the consideration "Safety first," is receiving its due prominence. It is found that in any ordinary-sized city, an adequate public health inspection may be obtained at the cost of a few cents per year to each property holder. By such means the public receives an actual saving of hundreds of dollars in money, to say nothing of more important economies. The proper control of quarantine in epidemics, the careful disinfection of houses after sickness, the reporting to the health boards of all sources of dangerous disease, are severally duties which may fall to the alert visiting nurse. It is astonishing how few homes in town or country are really up to standard in matters of hygiene. At least 75 per cent of people need instruction in the proper ventilation of their homes during winter. Only a small percentage of homes are effectively screened from flies during summer. In small prairie towns, the most filthy conditions of backyard and alley are allowed to persist from winter into the hot months. Most of the cholera infantum is carried by the house fly from the backyard cess-pool or garbage pile to the child's table, and the deplorable part of it all is that the mothers and fathers don't know about it.

No one is better equipped to take up this line of endeavor than the civic nurse. In the homes themselves must be the greatest warfare against infectious disease. Faults of housing should be recognized and pointed out. Storm windows should be at least detachable during winter. Talks with parents about the airing of rooms, the burning of garbage, the care of milk and meat supply, the enormous value of

sunlight as a disinfectant, the necessity of proper bathing and cleanliness, sufficient hours for sleep, etc., are of great importance. These matters should, of course, be discussed in simple language that everyone can understand. The people will not be slow to recognize the spirit of the one who wishes to help, provided there is a sincere desire to be of service. Many people who willingly employ a physician to take care of a child with pneumonia would carelessly neglect medical advice from the same person previous to the serious sickness. If, however, these matters are frequently discussed as important health principles by the visiting nurse, at least a goodly proportion of trouble will be prevented.

The time is approaching when the best service given by your profession will be found both economical and necessary as a part of the public health service. It remains for you as a profession to demonstrate your fitness for public work. In Chicago and other cities a certain standard of competency is required for municipal nurses. In the various departments I have mentioned, no doubt in time a similar plan will be used in every state. The tendency of today is to organize and to standardize both the nursing and the medical professions and to employ full-time officers. It remains for us to be prepared in our private professional duty to keep constantly before our people the necessity for cleanness within and without the home, and particularly to inculcate the spirit of fair-play that will give to the smaller and larger children of our city and country districts a "square deal" for health.

No person is closer to the heart of the family than the trained nurse, not even excepting the physician. Your influence as a profession may be either bad or good, but it can never be trivial. I would urge upon you a high ideal of work and service. I would have you prepare yourself in the most thorough way and then cast into your professional service the best of your intellect, your morals, your good judgment, your native tact and kindliness. With earnestness of purpose your executive ability will develop more and more, and members of your profession will receive both the honor and the monetary reward which are its due.